2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P96000067341 1. Entity Name TONY COMELLAS P.A. 05-14-2001 90036 050 ***150.00 Mailing Address Principal Place of Business 9506 S. RED ROAD 9506 S. RED ROAD MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0724052 Not Applicable Country \$8.75 Additional Country Zip П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COMELLAS. TONY? Street Address (P.O. Box Number is Not Acceptable) 9506 SO. RED ROAD **MIAMI FL 33156** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE (NOTE: Registered Agent signature required when instating) Signature, typed or printed name of regist FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Inta gible \$5.00 May Be ection Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICER 11. Change ☐ Addition TITLE 🗆 Delete TITLE NAME COMELLAS, TONY STREET ADDRESS 9506 SO. RED ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAM! FL 33156** ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP In this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director mpowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information indicated on this report or supplementary. plied of the corporation or the recei er or trustee changed, or on an attachment with an addless, with a powered. SIGNATURE: Daytime Phone